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SALISBURY AND WILTON RURAL DISTRICT COUNCIL

ANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH

Incorporating

THE REPORT

of

THE CHIEF PUBLIC HEALTH INSPECTOR

For the year 1970

RURAL DISTRICT OF SALISBURY AND WILTON.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH INCORPORATING
THE REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR FOR THE YEAR 1970

To the Chairman and Members of the Rural
District Council of Salisbury and Wilton.

I have the honour to present the Annual Report on the public health of the district during the year. The Report follows the recommendations of the Department of Health in Circular No. 1, 1971. Sections 5(3) and 15(5) of the Public Health Officers Regulations, 1959, are referred to in this Circular, which sections draw attention to the provision in the Regulations for the Medical Officer of Health to comment on any matters which he thinks desirable in relation to the public health of his area, in addition to any on which he is specifically required to report.

The Report of the Chief Public Health Inspector, Mr. J.A. Furley is incorporated. This provides me with detailed information in regard to environmental public health in the district to supplement that derived from my personal observation and enables some further comments to be made.

There is an arrangement between the East Wilts. Districts and the South Wilts. Group of Districts, excluding Salisbury City, under which their Medical Officers of Health deputise for each other during holiday periods or other absences from work. I would like to thank my colleague, Dr. F. D. F. Steede for his helpful co-operation. I wish to record my appreciation of the assistance and co-operation of the staff of the public health department, and other colleagues, without whose assistance the full preparation of this report would not have been possible. I would also particularly like to record my gratitude to my colleagues the General Medical Practitioners and Health Visitors, also to Dr. P. Wormald, Director of the Salisbury Public Health Laboratory, for their great help to me in carrying out my work, and to the County Medical Officer of Health, Dr. C.D.L. Lycett, for his helpful co-operation during the year. I would like readers of this report to note particularly the comments of Dr. Lycett in his Annual Report for 1969 on the commendable way the District Councils have developed the environmental sanitary services (the basic preventive health services) especially local sewerage schemes, in recent years. This is recorded in the section of my report on 'Environmental Public Health' (page 18).

I have the honour to be,

Your obedient Servant,

F.J.G. Lishman.
Medical Officer of Health.

July, 1971

INTRODUCTORY SUMMARY

Attention is drawn to the following sections of this Report.

A. Vital Statistics Section.

When ever possible, in view of the impending reorganisation of Local Government in the fairly near future, and the likelihood of this District being amalgamated with some neighbouring Districts, opportunity has been taken to simplify some of the statistical tables, particularly regarding the calculation of some death rates, for specific and subdivided causes of death. Sometimes the actual figures for such deaths are not really large enough to make the calculation of individual death rates for such subdivisions of any real statistical value, such as should be the case later on, with bigger areas of larger populations, after amalgamation.

The standardized birth rate is again a little reduced to 14.6 per 1000 population, but the standardized death rate is raised from 9.2 to 11.0 per 1000. The rate of natural increase (excess of births over deaths) is also further slackening off, for it dropped from 5.2 to 3.1 per 1000.

Infant Mortality is lowered from 18.0 last year to 12.0 per 1000 live births. Mortality from cancer was raised from 1.9 to 3.2 and the number of deaths per 1000 from lung cancer at 0.53 was almost identical. Deaths from heart disease on the other hand were slightly less.

B. Communicable Diseases.

Under 'prevention' measles immunisation was continued, for children aged one to seven years and rubella immunisation for adolescent girls started. Among notified diseases the year was generally less quiet, measles amounting to 108, and Infectious Hepatitis to 23 out of a total of 149 notifications, but fortunately the Rural District escaped with only 7 notifications. the nuisance of endemic dysentery, which has afflicted its neighbours. Four cases of food poisoning were notified, or otherwise discovered.

C. Personal Health Services

These are mainly the concern of the Wiltshire County Council Health Department, but I am involved in them as one of their Medical Officers. There were no important changes affecting this area during the year, but there was continued development of pre-school childrens' playgroups, regarding which a section appears in the report. I think these playgroups have an important influence on the health and well being of children aged 2 to 5 which should benefit them for the rest of their lives and future spouses and off-spring. Diagnostic Clinics for early (and usually curable) cancer of the breast or uterus are now operating at Salisbury and Warminster.

D. Certain amenities of the Rural District are referred to in the text of this report but I would like to mention one additional amenity.

This is the beauty of the verges of the country roads. The County Surveyor of Wiltshire, Mr. C.R. Chadwick takes great pains to see that the more pleasant or rare plants are not disturbed by indiscriminate cutting or herbiciding. Wiltshire is, I understand, one of the very few counties in England where these laudable precautions are at present taken, and this is a matter which is at the time of writing this report being publicised in a recent edition of the R.D.Cs. 'Review'.

E. Environmental Public Health Matters.

(a) Housing - The 'points' system of assessing priorities for applications for Council accommodation in apartment, bungalows, storied houses or 'grouped dwellings', has been, as far as I am involved, satisfactory. The Council have two successful 'grouped dwellings', at the end of the year, and one ready to open early 1971, at 'Clays Orchard', Fovant.* These will be multiplied in the future, and the sooner the better, because they offer an almost ideal solution to the living difficulties of old or otherwise handicapped people. The number of housing applications continues to be a problem 204, at the end of the year. Some of these have been waiting for years, and some have strong socio-medical recommendations from me for housing. I am glad that the Council do their best to give some priority to these socio-medical cases. More fully served residential homes for the old or handicapped are badly needed. The County Council's home at Meyrick Close, Salisbury is battered Victorian, and is being run down. A new home at Stratford-sub-Castle is being built, but others will be quickly needed to replace the much greater capacity of Meyrick Close. In one Rural District in Wiltshire the Grouped Dwellings are specially designed and equipped to provide 'Meals on Wheels', for the surrounding area from their kitchens. This scheme has, I understand, been highly successful and also allows thorough supervision of the food hygiene practice not always easy in restaurants and cafes supplying Meals on Wheels.

(b) Water Supply - Although the Local Authorities in the area served by the South Wilts. Water Board voted in favour of adjusting the fluoride weak water to the optimum level of one part per million, this desirable improvement has not yet been carried out, as it must first wait for the sanction from the Wiltshire County Council. Piped public supplies from the South Wilts. Water Board were otherwise satisfactory.

(c) Sewage - The Council's programme of sewerage and sewage disposal was stepped up during the year. The schemes for sewerage Whiteparish, and Dinton Parish were under way, also for the extension of the Downton Sewage Disposal Works. Dinton is a parish that particularly needed sewerage, because of nuisances, pollution of the River Nadder, and delayed housing development.

(d) Public Health Inspection - of Food, milk and other matters is fully dealt with in the Report of the Chief Public Health Inspector, Mr. J. A. Furley.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

MEDICAL OFFICER OF HEALTH:

F.J.G. LISHMAN, M.D., (Hygiene), B.S.,
(London), D.P.H., (London), L.R.C.P.,
M.R.C.S., D.L.O., (England), L.M.C., (Canada).

Office of Medical Officer of Health,
Salisbury and Wilton R.D.C. Offices,
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Telephone: Salisbury 29401.

Residence: 'Till Orchard', Berwick St. James,
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* By the time this report was completed in 1971, both 'Clay's Orchard' and Stratford-sub-Castle were opened and fully operational.

CHIEF PUBLIC HEALTH INSPECTOR: J.A. FURLEY, M.R.S.H., F.A.P.H.I.

DEPUTY CHIEF PUBLIC HEALTH INSPECTOR: R.P. BATTEN, M.R.S.H., F.A.P.H.I.

R.A. COOMBS, M.R.S.H., M.A.P.H.I.

F.G. PALMER, Cert. P.H.I.E.B.,
Dip. R.S.H. (M. & O.F.) (Resigned to take
up appointment as Anti-Pollution Officer,
to Walsall C.B.)

P. GARDNER, M.R.S.H., M.A.P.H.I.

RODENT OFFICER: G. OLDHAM.

CLERICAL STAFF: MRS. M.E. SAMWAYS
(Shared between the Public
Health Department and the }
Surveyor's Department) MRS. M. L. HEWETT.
MISS A. SHEPPARD.

The Medical Officer of Health also holds combined appointments as Medical Officer of Health for the Mere and Tisbury Rural District and for the Borough of Wilton, and also, under arrangements first made in 1954 he acts as a Medical Officer for the Wiltshire County Council, in a multiple appointment. Approximately three elevenths of the salary of the joint appointment is allocated to the Salisbury and Wilton Rural District Council.

The Chief and first additional Public Health Inspector also hold appointments as Surveyor and Assistant Surveyor respectively in this Rural District.

GENERAL ADMINISTRATION DURING THE YEAR

There was no change in the administration of the Public Health Department during this year. During the year the Government published the second version of the Green Paper on Re-organisation of the Health Services.

After the general election, and a change of Government, the previous proposals for the re-organisation of Local Government were held in abeyance and a new White Paper concerning these appeared in February, 1971. It was expected that a new Green Paper on the Health Services re-organisation would also appear, though it was not thought likely to differ much from the previous Green Paper in its proposals.

Very briefly, the second Green Paper envisaged amalgamation of the present three main divisions (Hospitals, General Medical and Dental, and Public Health) into a new organisation run by the Area Health Boards, which would have only one third Local Government representation, the other two-thirds being half professional (Medical, dental, nursing, etc.) representatives, and half nominated by the Secretary of State, with also a nominated Chairman. The areas of the Boards would be coincident with those of the White Paper, Authorities, but there would be some devolution by the Boards to 'District Committees' covering sub-areas related to District General Hospitals. Few Areas would have more than two such District Committees, and some would have none.

Although the main object of the Green Paper, to unify the Health Services was laudable, in fact its provisions embodies a split in one of the three major sections namely the Public Health Service, for all parts of present Local Government Public Health with an entirely environmental Public Health content (Water, Sewage, Refuse, Housing etc.) also the control of communicable diseases, would stay with the new Local Authorities, (which would have no medical staff of their own, but which would have to 'borrow' from that of the Area Health Board). These instead of having Medical Officers of Health, will have doctors with similar functions, but inappropriately called 'Community Physicians'. It seems to many present Medical Officers of Health that if the control of Communicable Diseases is to be left with Local Authorities, some statutory powers should be given to the 'borrowed' Community Physicians to equal those at present exercised by Local Medical Officers of Health. Under the Green Paper proposals the present County District Medical Officers of Health would disappear entirely.

At the time of writing this section of the report, (May, 1971) the Government had just issued a new 'Consultative' Paper, which had the same general principals as the former 'Green Papers' but proposed a two-tier structure of Regional and Area Health Boards. The former would consist of nominated members, the latter of representatives of the Local Authorities, the Medical and allied professions, and of nominees from the Regional Health Boards' own members. The 'District Committees' were discarded.

VITAL STATISTICS

In view of the likely re-organisation of Local Government in the fairly near future into fewer districts, with larger areas and populations, opportunity has now been taken to simplify some of the statistical records particularly those for 'rates' - (e.g., Death Rates from specific causes). In areas such as this the relatively small numbers of people involved renders the calculation of 'rates' (such as death rates from particular causes of death) a rather chancy business, where one death occurring on December 31st instead of January 1st, may make a significant difference in the specific death rate from a particular disease, for the year. For such 'specific' death rate calculations, for all but the most common or important, causes of death, I now consider it best to wait until re-organisation of Local Government has occurred, for with fewer and bigger areas, the comparison of District 'Rates' for specific diseases or conditions between rates applicable to such conditions, from new area to new area, and from one area in comparison with the whole County, or the Country (England and Wales) will become more valid.

Readers will therefore note that I have omitted some of the 'Rates' or subdivisions of rates which were recorded in my Annual Reports in previous years.

GENERAL STATISTICS.

| | |
|--|---------|
| Number of Parishes (no change) | 32 |
| Area in acres (no change) | 107,424 |
| Population 1961 Census | 18,972 |
| Population, Registrar General's Estimate for midyear | 23,360 |
| Density of Population - people per acre | 0.21 |
| Number of inhabited dwellings (as at 1.4.71) | 7,600 |

Number of inhabited dwellings owned by the Council 1225
(Bungalows, including grouped dwellings, 331;
flats or apartments, 66; other houses 828; total 1225)

Number of new dwellings provided by the Council during
the year 21

(bungalows 7; flats 10; grouped dwellings 0; other houses 4;)

Number of Applicants for Council Accommodation on the waiting
list at the end of the year 204
(This does not include applicants who live outside the Rural
District but work within it, neither does it include those
who have neither 'residential' nor 'working' qualifications for
this Rural District and are therefore not considered to be the
responsibility of the Rural District Council to rehouse. Nor
does it include people who have applied for housing but have not a
two year residential qualification in the Rural District.)

Rateable Value (As at 1.4.70) £828,138

Product of a Penny Rate (One penny old currency) £3,088

TABLE I

BIRTHS, INFANT MORTALITY AND MATERNAL MORTALITY

| | | | | | | <u>Male</u> | <u>Female</u> | <u>Total</u> |
|---|--------------|----|----|----|----|-------------|---------------|--------------|
| Live Births | Legitimate | .. | .. | .. | .. | 163 | 149 | 312 |
| | Illegitimate | .. | .. | .. | .. | 9 | 15 | 24 |
| | | | | | | <hr/> 172 | <hr/> 164 | <hr/> 336 |
| Illegitimate Births expressed as a percentage of legitimate births | | | | | | | | 7.0 |
| (England and Wales | .. | .. | .. | .. | .. | .. | .. | 8.1 |
| Crude Live Birth Rate per 1,000 population | | | | | | .. | .. | 14.4 |
| Comparability Factor for Births | | | | | | .. | .. | 1.03 |
| (This compensates for age and sex distribution of the local population so that the 'standardized' birth rate can be compared with the rate for England and Wales and with similarly standardized birth rates in other areas) | | | | | | | | |
| Standardized Live Birth Rate | .. | .. | .. | .. | .. | .. | .. | 14.8 |
| Standardized Live Birth Rate England and Wales | | | | | | .. | .. | 16.0 |
| Ratio of this to the National Rate | .. | .. | .. | .. | .. | .. | .. | 0.93 |

| | | | | | | <u>Male</u> | <u>Female</u> | <u>Total</u> |
|--------------|--------------|----|----|----|----|-------------|---------------|--------------|
| Still Births | Legitimate | .. | .. | .. | .. | 0 | 6 | 6 |
| | Illegitimate | .. | .. | .. | .. | 0 | 0 | 0 |
| | | | | | | 0 | 6 | 6 |

Total Live and Still Births 172 170 342

Still Births, rate per 1,000 Live and Still Births.. .. 18

Still Births rate per 1,000 Live and Still Births England and Wales 13

| | | | | | | <u>Male</u> | <u>Female</u> | <u>Total</u> |
|------------------------------|--------------|----|----|--|--|-------------|---------------|--------------|
| Infant Deaths under one year | Legitimate | .. | .. | | | 1 | 1 | 2 |
| | Illegitimate | .. | | | | 0 | 2 | 2 |
| | | | | | | 1 | 3 | 4 |

Infant Mortality Rate per 1,000 Live Births Legitimate 6

Infant Mortality Rate per 1,000 Live Births Illegitimate 83

Infant Mortality Rate per 1,000 Total Births 12

For Comparison: I.M.R. England and Wales 18

| | | | | | | <u>Male</u> | <u>Female</u> | <u>Total</u> |
|-------------------------------------|----|----|----|----|----|-------------|---------------|--------------|
| Neo-Natal (first four weeks) Deaths | .. | .. | | | | 0 | 1 | 1 |
| (Legitimate) | | | | | | | | |
| (Illegitimate) | .. | .. | .. | .. | .. | 0 | 0 | 0 |
| | | | | | | 0 | 1 | 1 |

Neo-Natal Death Rate per 1,000 Live Births 6

Early Neo-Natal Mortality Rate
(Deaths in first week of Life) per 1,000 Live Births 6.0

Perinatal Deaths (sum of early neo-natal and still births) 8

Perinatal Mortality Rate 23

Maternal Deaths due to abortion 0

Maternal Deaths due to other causes 0

Maternal Mortality Rate per 1,000 Live and Still Births 0

COMMENT ON TABLE I

The standardized Live Birth Rate shows a further slight drop from 15.1 in 1969 to 14.8 during the year. With the continued housing insufficiency one must again welcome this fall.

The percentage of illegitimate births has again risen slightly, from 6.8 to 7.

Infant Mortality, with a rate of 12.0 is substantially lower than last year (16.0) but these statistics must be regarded with caution because, with a relatively small population district with corresponding limitation of births, between 300 and 350 per year, one or two infant deaths occurring in a particular year makes a big difference in the death rate per 1,000 live births, so within the qualifications of the above remarks, the I.M.R., for the Rural District is very good. In past years a high proportion of the infant deaths have occurred in the vulnerable first four weeks of life, and this year only two out of the four infant deaths were in the first four weeks.

The 'perinatal' mortality rate (which includes neo-natal and still births) has not altered much at 23 per 1,000 live births, (26 last year), largely due to the occurrence of 6 still births.

TABLE II

DEATHS AND DEATH RATES

| | | | | | | | <u>Male</u> | <u>Female</u> | <u>Total</u> |
|---------------------------------------|----|----|----|----|----|----|-------------|---------------|--------------|
| Number of Deaths | .. | .. | .. | .. | .. | .. | 145 | 117 | 262 |
| Crude Death Rate per 1,000 population | .. | .. | .. | .. | .. | .. | .. | .. | 11.2 |
| Comparability Factor for Deaths | .. | .. | .. | .. | .. | .. | .. | .. | 0.98 |

COMMENT

This factor, being less than unity, indicates that the age distribution of the local population is older than that of the country as a whole.

| | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|------|
| Death Rate as standardized by comparability factor | .. | .. | .. | .. | .. | .. | .. | .. | 11.0 |
| Death Rate for England and Wales for comparison | .. | .. | .. | .. | .. | .. | .. | .. | 11.9 |
| Ratio of this to the National Rate (11.9) | .. | .. | .. | .. | .. | .. | .. | .. | 0.94 |
| Death Rate for Wiltshire (previous year) for comparison | .. | .. | .. | .. | .. | .. | .. | .. | 10.7 |

COMMENT

The crude death rate for the Rural District is higher than the previous year (9.5). The standardized death rate (to make allowances for the more elderly population, and comparable with that for the Country as a whole) was increased to 11.0, compared with 9.5 for the previous year. It is fractionally higher than the previous year's death rate for Wiltshire.

NATURAL INCREASE

| | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|-----|
| Excess of Live Births over Deaths for the year | .. | .. | .. | .. | .. | .. | .. | .. | 74 |
| Rate of Natural Increase per 1,000 population (This is much less than last year's figure of 5.2) | .. | .. | .. | .. | .. | .. | .. | .. | 3.1 |

TABLE III

Certain 'Specific' Death Rates in Inverse 'Health Index' Value
(Rates per 1,000 population, except for Maternal Rate)

| | | | | |
|-------|---|----|----|-------|
| 1. | Deaths due to Tuberculosis (all forms) (both sexes) | .. | .. | 1 |
| | Deaths due to Respiratory Tuberculosis | .. | .. | 1 |
| 2. | Deaths from Cancer and related Malignant Diseases | .. | .. | 63 |
| | Specific Death Rate from Cancer | .. | .. | 3.2 |
| | Previous year's Death Rate from Cancer, England & Wales | .. | .. | 2.35 |
| | Previous year's Death Rate from Cancer, Wiltshire | .. | .. | 1.92 |
| | Number of Deaths from Lung Cancer | .. | .. | 10 |
| | Specific Death Rate from Lung Cancer | .. | .. | 0.53 |
| | Previous year's Death Rate from Lung Cancer, Wiltshire | .. | .. | 0.46 |
| 3. | Deaths from Heart Diseases and other diseases of the circulatory system | .. | .. | 130 |
| | Specific Death Rate from Heart Disease | .. | .. | 4.7 |
| 4. | Maternal Deaths (due to pregnancy, childbirth, or abortion) | | | 0 |
| | Maternal Mortality Rate | .. | .. | 0 |
| 5. | Deaths from accidents and violence | | | |
| | (a) Motor Vehicles | .. | .. | 4 |
| | (b) Other | .. | .. | 7 |
| | (c) Suicide | .. | .. | 7 |
| | | | | <hr/> |
| Total | | | | 18 |

COMMENT

On the whole, these 'inverse indices' of the state of health of the community are satisfactory, but the specific death rate from cancer (all forms (3.2) is higher than last year (1.7). But the lung cancer has remained the same, at 0.5. Heart and circulatory disease mortality was a little more, rising to 4.7 per 1,000. Certain of these specific 'index' mortality rates are analysed or broken down in the following table.

ANALYSIS OF DEATHS BY CAUSE

The Registrar General provides for each district each year an analysis of deaths according to cause, broken down into 15 disease groups and 71 sub-groups. The latter is an increase from the 65 sub-groups which the Registrar General used last year.

These headings lend themselves to a considerable extent to 'Grouping' the causes of death in 'families' or types of disease related to each other, study of the trends in which may be of interest or value in regard to the particular population concerned, but because of the new classification, based on an International Agreement, Table IV has been again slightly enlarged this year. Some of the disease names have been amended also. For example 'Coronary Thrombosis' is now included under the heading 'Ischaemic Heart Disease'.

TABLE IV - ANALYSIS OF DEATHS BY CAUSES
(According to International Classification of Diseases, 1968)

| | Male | Female | Total | Crude rate per 1000 |
|---|------|--------|-------|---------------------------|
| <u>GROUP A - Certain Communicable Diseases.</u> | | | | |
| 1. Cholera | | | | |
| 2. Typhoid Fever | | | | |
| 3. Bacillary dysentery and amebiasis | | | | |
| 4. Enteritis and other diarrhoeal diseases | | | | |
| 5. Tuberculosis of respiratory system | | | | |
| 5(a) Later effects of tuberculosis of respiratory system | 1 | | 1 | |
| 6. Other tuberculosis, including late effects | | | | |
| 7. Plague | | | | |
| 8. Diphtheria | | | | |
| 9. Whooping Cough | | | | |
| 10. Streptococcal sore throat and scarlet fever | | | | |
| 11. Meningococcal infection | | | | |
| 12. Acute poliomyelitis | | | | |
| 13. Smallpox | | | | |
| 14. Measles | | | | |
| 15. Typhus and other rickettsioses | | | | |
| 16. Malaria | | | | |
| 17. Syphilis and its sequelae | | | | |
| 18. All other infective and parasitic diseases | | | | |
| TOTAL GROUP A | 1 | - | 1 | |
| <u>GROUP B - Cancer and related malignant diseases and benign neoplasms</u> | | | | |
| 19. Malignant neoplasm - stomach | 3 | 1 | 4 | |
| 20. Malignant neoplasm - buccal cavity and pharynx | 1 | 1 | 2 | |
| 21. Malignant neoplasm - oesophagus | 1 | 3 | 4 | |
| 22. Malignant neoplasm - intestine | 6 | 3 | 9 | |
| 23. Malignant neoplasm - prostate | 1 | 0 | 1 | |
| 24. Malignant neoplasm - larynx | - | 1 | 1 | |
| 25. Malignant neoplasm - lung, bronchus | 8 | 2 | 10 | 0.53 |
| 26. Malignant neoplasm - breast | - | 6 | 6 | |
| 27. Malignant neoplasm - uterus | - | 1 | 1 | |
| 28. Leukaemia | 2 | 0 | 2 | |
| 29. Other malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissue | 7 | 15 | 22 | |
| 30. Benign neoplasms and neoplasms of unspecified nature | 1 | 0 | 1 | |
| TOTAL GROUP B | 30 | 33 | 63 | 3.2 |

GROUP C - Endocrine and metabolic and blood disorders

- 31. Diabetes mellitus
- 32. Avitaminoses and other nutritional deficiency
- 33. Other endocrine, nutritional and metabolic diseases
- 34. Anaemias
- 35. Other diseases of blood and blood forming organs

TOTAL GROUP C 0 0 0

GROUP D - Mental Disorders

- 36. Mental disorders 0 0 0

GROUP E - Nervous System

- 37. Meningitis
- 38. Multiple Sclerosis 1 1
- 39. Other diseases of nervous system and sense organs 3 1 4

TOTAL GROUP E 3 2 5

GROUP F - Circulatory system

- 40. Active rheumatic fever
- 41. Chronic rheumatic heart disease 1 1 2
- 42. Hypertensive disease 3 5 8
- 43. Ischaemic heart disease 43 18 61
- 44. Other forms of heart disease 5 10 15
- 45. Cerebrovascular disease (including 'strokes' 21 23 44
- 46. Other diseases of the circulatory system 7 3 10

TOTAL GROUP F 80 50 130 4.7

GROUP G - Respiratory system

- 47. Influenza 2 2 4
- 48. Pneumonia 2 5 7
- 49. Bronchitis, emphysema 6 1 7
- 50. Asthma 1 0 1
- 51. Other diseases of the respiratory system 2 0 2

TOTAL GROUP G 13 8 21 1.0

GROUP H - Alimentary system

- 52. Peptic ulcer
- 53. Appendicitis
- 54. Intestinal obstruction and hernia 1 1 2
- 55. Cirrhosis of liver 1 1 2
- 56. Enteritis and Diarrhoeal diseases other than those in Group A
- 57. Other diseases of the digestive system

TOTAL GROUP H 2 2 4

| | | Crude rate | | | |
|--|---|------------|--------|----------------|------|
| | | Male | Female | Total per 1000 | |
| <u>GROUP I - Genital and urinary systems</u> | | | | | |
| 58. | Nephritis and nephrosis | 1 | 0 | 1 | |
| 59. | Hyperplasia of prostate | | | | |
| 60. | Other diseases of the genito-urinary system | 3 | 0 | 3 | |
| 61. | Abortion | | | | |
| 62. | Other complications of pregnancy, child-birth and puerperium | | | | |
| TOTAL GROUP I | | 4 | 0 | 4 | |
| <u>GROUP J - Skin</u> | | | | | |
| 63. | Diseases of the skin and subcutaneous tissue | | | | |
| <u>GROUP K - Muscles and bones (other than accidents).</u> | | | | | |
| 64. | Diseases of the musculoskeletal system and connective tissue | | | | |
| <u>GROUP L - Congenital defects or injuries</u> | | | | | |
| 65. | Congenital anomalies | | | | |
| 66. | Birth injury, difficult labour, and other anoxic and hypoxic conditions | | 2 | 2 | |
| 67. | Other causes of perinatal mortality | | | | |
| TOTAL GROUP L | | 0 | 2 | 2 | |
| <u>GROUP M - 'Ill defined'.</u> | | | | | |
| 68. | Symptoms and ill-defined conditions | | | | |
| <u>GROUP N - Accidents</u> | | | | | |
| 69. | Motor vehicle accidents | 2 | 2 | 4 | |
| 70. | All other accidents | 5 | 2 | 7 | |
| 71. | Suicide and self-inflicted injuries | 2 | 5 | 7 | |
| TOTAL GROUP N | | 9 | 9 | 18 | 0.9 |
| <u>GROUP O - Other</u> | | | | | |
| 72. | All other external causes | 1 | 0 | 1 | |
| GRAND TOTAL - ALL CAUSES | | 145 | 117 | 262 | 11.2 |

COMMENT ON TABLE IV

As usual, diseases of the heart and circulatory system are the chief causes of endemic mortality in the district - the specific mortality rate for these conditions at 4.7 per 1,000 being nearly half the total mortality rate of 11.2. Cancer, at about a quarter (3.2, per 1,000) is second, and was up from last year, (1.7). One of its important components, cancer of the lung, increased from 0.48 to 0.53 per 1,000. Breast cancer mortality which like lung cancer lends itself to prevention, was 0.3. Respiratory Diseases (other than cancer and tuberculosis) are third, (not counting the 'miscellaneous' group' with 1.0 per 1,000, a slight increase from last year.

As a cause of epidemic disease, heart, and cancerous, and respiratory diseases (especially bronchitis) have long ago replaced the idea of 'infective diseases' as major killers. Public Health workers are now beginning to try to control this great trio of killers. The efforts to persuade people to reduce tobacco smoking in the face of the great advertising campaigns, still largely directed to making juvenile addicts of adolescents, is one example of modern epidemiology in the public health service. Of the 63 cancer deaths, 10 were due to lung or bronchus. Another campaign should be against Ischaemic heart disease, (usually manifested in the form of Coronary Thrombosis).

Heart Disease

This high mortality from heart disease, is and is likely to remain for many years, a challenge to the public health departments; but it is now believed that this can be reduced, or at least postponed to a later date, by the following measures:-

- (i) Certainly, by reduction of weight, especially in the already obese.
- (ii) Less certainly, but probably, by reduction of the amount of sugar and of animal fat in the diet, (butter, cream, meat, fat bacon; etc.). Fish oil and certain vegetable fats (e.g. linseed and maize oils) are believed to be less harmful, and indeed to some extent displace, or counteract, the effect of meat and milk fat, in the diet. It is thus safer to fry foods in 'corn' oil, than in butter, lard or meat dripping.
- (iii) Regular moderate exercise - "Walk instead of drive" - where practicable.
- (iv) By not smoking tobacco.

To publicise these measures together with the special dangers of cigarette smoking in regard to three other dangerous diseases, lung cancer bronchitis, and heart disease, is now a major duty of the public health department.

TOBACCO SMOKING: Lung Cancer and Other Effects

At the June, 1971, meeting of the Council a motion was put on the agenda to the effect that smoking should not be permitted in the Council Chamber. This motion produced an equal vote for and against. An argument against the motion used by some who opposed it was that it would interfere with personal liberty. Against this argument, the point was made that personal liberty inevitably infringes the liberty of others close to the smokers, who should have the liberty to breathe unpolluted air. There are many precedents of cases where personal liberty of one person is, in every day life 'infringed' for the benefit of others. One example is the restriction on drivers of motor vehicles to a speed limit of 30 or 40 miles per hour in built up areas, in which, for the benefit of other users of the road, it is against the law to drive at speeds up to the normal legal limit of 70 miles per hour. Also, to benefit amenity and health, especially at night, there are noise restrictions for motor vehicles such as motor cycles and lorries.

More directly concerning the particular nuisance of smoking, the presence of non-smoking sections in trains, and in some buses, is intended to protect passengers from the annoyance and the irritation to their breathing passages which tobacco smoke from other passengers may generate. British Railways

are now increasing their proportion of non-smoking in trains and have raised the fine for smoking in such a section, or for anyone, whether staff or passengers, for waiving the rule, to £20.

Another reason for opposing the motion was because of its all-embracing nature. Other public bodies such as the South Wilts. Water Board, the Auditors etc., use the Council Chamber, besides the Council and its Committees, and would if the motion was carried have to conform to the No Smoking Rule. As the proposer of the motion said, and as backed up by the seconder, the medical case against smoking is proven, so I need only mention that it is now known that it is the nicotine content of the tobacco smoke that causes addiction to this drug, and damages the heart, while its tarry elements of the smoke that injures the air passages and lungs, causing cancer of the lungs and catarrh and bronchitis of the tubes. Bronchitis is a much greater cause of loss of working time in Great Britain than are all accidents, whether caused in the home or on the roads, or in factories or other places of work. It is also now established that inhaling of tobacco smoke greatly increases the risks of addiction and disease.

Tobacco's economic handicapping effect on the nation is enormous. Moreover, I am convinced that the very great prevalence of catarrh of the nose and breathing passages from which so many of the children I see in Child Health Clinics and at School Medical Inspections suffer, must be at least partly generated by their having to breathe in the homes, smokey air, emitted from the pipes and cigarettes of their parents.

COMMUNICABLE DISEASES

A. Prevention of Communicable Diseases

The measures of the extent to which people are immunised against communicable diseases in a district is one of the 'pointers' towards the health of the community. Artificial immunisation against certain diseases amenable to prevention or attenuation by this method is now available for a number of communicable diseases, Smallpox, Diphtheria, Whooping Cough, Tetanus, Poliomyelitis, Measles, Tuberculosis. In addition, a scheme for immunising adolescent girls against Rubella was started by the County Council during the year, in the hope of avoiding the deformities and handicaps which are liable to affect babies whose mothers contract Rubella (German Measles) during early months of pregnancy. All these schemes are operated by the Wiltshire County Council, though the Medical Officer of Health in his other capacity as a Medical Officer for the County Council, takes part in the actual work of immunisation.

In regard to Tuberculosis, partial protection is available for older children who, as a result of a simple skin test (tuberculin test) indicate that they have not previously been sensitized by Tuberculosis infection, through the School Health Service, or for other selected cases (usually contacts of cases of tuberculosis) from N.H.S. Chest Physicians.

In this area, all the immunisations are still carried out (except for oral poliomyelitis) by doctors, the practice of employing public health nurses (Health Visitors or especially experienced nurses) in this work not yet having been adopted for injection procedures in Wiltshire.

For some years, I have discontinued recording the tables of immunisation statistics which the County Medical Officer of Health, Dr. C. D. L. Lycett, has kindly provided annually for each County District. These tables

are now not usually received until after the drafting of my Annual Report because I can now do this earlier in the year, due to the earlier arrival in the spring, of the annual statistical returns from the Registrar General.

However I am pleased to say that at all the Child Health Clinics at which I work, there is nearly 100% immunisation against diphtheria tetanus, whooping cough and poliomyelitis. Measles immunisation is not yet so popular, perhaps because a minor reaction sometimes occurs a few days after immunisation, but measles is an uncomfortable and often serious disease which ought to be prevented. Smallpox immunisations are done by General Medical Practitioners only, because of the need to read the result one week later, and most of the Wiltshire County Council Clinics in this area are monthly, or twice monthly.

B. Incidence of Communicable Diseases

The communicable diseases for which statistics are available comprise those diseases which are compulsorily 'notifiable' under the Public Health Act, 1936, and the Health Services and Public Health Act, 1968, or the various regulations which are operative. A proportion of these notifiable diseases does not get notified because in practice notification is not made unless a doctor attends, and then he makes the notification.

TABLE VI

NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR

| | | | | | | Sub Division of Diseases | Main Disease | Group Total |
|-----|--|--|--|--|--|-----------------------------|-----------------|----------------|
| 1. | <u>Tuberculosis</u> | | | | | | | |
| (a) | Respiratory.. .. | | | | | 1 | | |
| (b) | Meninges and Nervous System | | | | | 0 | | |
| (c) | Other Forms | | | | | 0 | | |
| | | | | | | | 1 | |
| (d) | Group Total | | | | | 1 | | 1 |
| 2. | <u>Other Respiratory Notifiable Diseases</u> | | | | | | | |
| (a) | Whooping Cough | | | | | 6 | 6 | |
| (b) | Acute Pneumonia | | | | | 0 | | |
| (c) | Group Total.. .. | | | | | 6 | | 6 |
| 3. | <u>Diphtheria</u> | | | | | 0 | 0 | 0 |
| 4. | <u>Virus Disease of Nervous System</u> | | | | | | | |
| (a) | Poliomyelitis - paralytic | | | | | 0 | | |
| (b) | Poliomyelitis - non-paralytic | | | | | 0 | | |
| (c) | Poliomyelitis - total.. .. | | | | | | 0 | |
| (d) | Encephalitis - infective | | | | | 0 | | |
| (e) | Encephalitis - post infectious | | | | | 0 | | |
| (f) | Encephalitis - total | | | | | | 0 | |
| (g) | Group Total.. .. | | | | | | | 0 |
| 5. | <u>Meningococcal Infection</u> | | | | | 0 | 0 | 0 |

| | | | | | | | | Sub Division of Diseases | Main Disease | Group Total |
|---|--|----|----|----|----|----|-----|-----------------------------|-----------------|----------------|
| 6. <u>Other Notifiable Virus Diseases</u> | | | | | | | | | | |
| (a) | Measles (excluding Rubella) .. | .. | .. | .. | .. | .. | 108 | | 108 | |
| (b) | Small Pox | .. | .. | .. | .. | .. | 0 | | 0 | |
| (c) | Infectious Hepatitis .. | .. | .. | .. | .. | .. | 23 | | 23 | |
| (d) | Group Total .. | .. | .. | .. | .. | .. | 131 | | 131 | 131 |
| 7. <u>Alimentary Infections</u> | | | | | | | | | | |
| (a) | Dysentery - Bacterial .. | .. | .. | .. | .. | .. | 7 | | | |
| (b) | Dysentery - other .. | .. | .. | .. | .. | .. | 0 | | | |
| (c) | Typhoid fever .. | .. | .. | .. | .. | .. | 0 | | | |
| (d) | Paratyphoid Fever .. | .. | .. | .. | .. | .. | 0 | | | |
| (e) | Salmonella Infection not known to be borne by food .. | .. | .. | .. | .. | .. | 0 | | | |
| (f) | Food Poisoning (suspected or confirmed) | | | | | .. | 4 | | | |
| (g) | Group Total .. | .. | .. | .. | .. | .. | 11 | | | 11 |
| 8. <u>Streptococcal Group</u> | | | | | | | | | | |
| (a) | Scarlet Fever .. | .. | .. | .. | .. | .. | 0 | | | |
| (b) | Other | .. | .. | .. | .. | .. | 0 | | | |
| (c) | Group Total .. | .. | .. | .. | .. | .. | | | | 0 |
| 9. <u>Miscellaneous Group</u> | | | | | | | | | | |
| (a) | Ophthalmia Neonatorum .. | .. | .. | .. | .. | .. | 0 | | | |
| (b) | Other Notifiable Diseases .. | .. | .. | .. | .. | .. | | | | 0 |
| 10. | All notifiable diseases - TOTAL .. | .. | .. | .. | .. | .. | | | | 149 |

1. Notification.

Certain common communicable diseases such as rubella and mumps, and also, in this country, infectious Venereal Diseases, are not generally 'notifiable' and therefore cannot be included in the table, in which are recorded only those cases of diseases which are notifiable and are actually notified. Also, not all cases of notifiable diseases can be included, for many minor cases may never have a doctor called to them and therefore do not get notified to the Medical Officer of Health. It is therefore likely that a number of cases of Whooping Cough, for example may occur but not be notified, as well as the non-notifiable 'venereal diseases'.

Under regulations, notifiable communicable diseases that are first diagnosed after admission to hospital must be notified to the Medical Officer of Health of the district in which the hospital is situated irrespective of where they live. This accounts for a few cases from other districts being notified to me, since the main infectious diseases hospital for all districts near Salisbury is at Odstock Hospital, which lies without the City border.

2. Tuberculosis

After the end of the year an appraisal of the extent of known tuberculosis within my area of Wiltshire was made. Within the Salisbury and Wilton Rural District 79 people remain on my 'current' register, 57 being lung, and 22 being non-pulmonary cases. This represents a decrease of one lung case and four non-lung cases on the register since the previous annual assessment.

3. Notifiable Diseases other than Tuberculosis

Dysentery, so common in some neighbouring areas had been scarce in the Rural District and 'food poisoning' produced only four notifications during the year apart from some provisionally notified as 'suspect' but found on investigation not to be food poisoning. For many cases, home care is the best and most cases of measles, whooping cough, scarlet fever, food poisoning, etc., are usually left at home. Ordinary cases of paralytic poliomyelitis can go to Odstock Hospital, but regional arrangements are made for 'Bulbar' cases (with difficulty in breathing or swallowing) to be treated in a special unit at Portsmouth Communicable Diseases Hospital. Special Ambulance facilities with expert travelling and nursing teams, are part of this service. However no case of poliomyelitis has been notified to me for many years.

FOOD POISONING

Table VI(a) is a copy of the 'Annual Return' of the Food Poisoning notifications which is sent to the Dept., of Health. This analyses the isolated cases (sometimes hard to distinguish) according to their cause bacterial, infective, toxic, chemical, etc. This table has been recast by the Department of Health and Social Services this year.

TABLE VI(a) - FOOD POISONING

(In form requested by the Health Section of the Department of Health and Social Security.)

ANALYSIS OF FOOD POISONING FOR YEAR (including all salmonella infections but excluding typhoid and paratyphoid.)

General Outbreak - Two or more unrelated cases due to a common cause

Family Outbreak - Two or more cases related or in a household due to the same cause.

Sporadic case - Single cases not connected with any other cases.

| <u>Causative Agent</u> | <u>General</u> <u>Outbreaks</u> | <u>Family</u> <u>Outbreaks</u> | <u>Sporadic Cases</u> <u>Notified or</u> <u>ascertained.</u> | <u>Total No. of</u> <u>outbreaks</u> |
|--------------------------|------------------------------------|-----------------------------------|--|---|
| 1. S. typhimurium | - | - | 1 | 1 |
| 2. Other Salmonellae (a) | - | - | 1 | 1 |
| 3. Cl. welchii | - | - | - | - |
| 4. Staph aureus | - | - | - | - |
| 5. Other causes (b) | - | - | 4 | 1 |
| 6. Cause unknown | - | - | 1 | 1 |
| 7. TOTAL | - | - | 4 | 4 |

DETAILS OF FOOD POISONING DUE TO SALMONELLAE OTHER THAN S. TYPHIMURIUM.

Type of Salmonellae: St. Paul: This was contracted abroad during a Mediterranean holiday and proved very intractable. Contracted in early November, the patient was still a 'carrier' at the time of writing this report in 1971.

SALMONELLA INFECTIONS (NOT FOOD BORNE) INCIDENTS AND CASES - NIL
DEATHS ASSOCIATED WITH FOOD POISONING - NIL

GENERAL INFORMATION ON FOOD POISONING

The fourth case of food poisoning notified showed infection with 'Eschericia Hafnia' but it is doubtful if this was the cause of the symptoms, which followed the eating of a piece of stale ('left over') meat.

PERSONAL HEALTH SERVICES

Apart from the general medical, dental and specialist and hospital services of the National Health Service, the other personal health services for the Rural District are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Home Help Service, Ambulance Service, the Child Health Clinics, and the School Health Service with its specialised appendages such as Speech Therapy and Guidance Clinics.

The County Council are also responsible for the Mental Health Service (outside hospitals) and the 'care and after-care' service which is largely concerned with 'chronic sick' and aged people, outside hospitals. Also, through the Welfare Department, the care of handicapped adults, and of old people at home, at recreation and in institutional care.

Through the help of a (subsidised) voluntary association, the F.P.A., the family planning is progressing well at the Salisbury Central Health Clinic.

During the year the step forward in the cause of cancer prevention started in 1967 by the Wiltshire County Council continued in a twice monthly clinic at the Central Health Clinic, Salisbury, for uterine cervical cytology at which the earliest signs of threatening cancer of the neck of the womb and also of cancer of the breast, can be detected and the woman who shows these signs can then be referred for effective treatment long before the cancer becomes incurable.

The district Medical Officers of Health, are also closely concerned with tuberculosis cases, especially in regard to their housing, and to prevention of infection spreading in their homes, and sometimes place of work.

Since 1954, your Medical Officer of Health has spent nearly half his time working for the County Council, principally with the School Health Services and at Child Health Clinics. He also conducts Immunisation Clinics and undertakes mental health work, and recently Cervical Cytology Clinics. For further information in regard to these services, reference should be made to the Annual Reports of the Principal School Medical Officer and of the County Medical Officer of Health for Wiltshire, Dr. C. D. L. Lycett. At the time of writing this report, in July 1971, the County Education Committee had altered their arrangement for medical examinations of school children in Wiltshire. Formerly all children had a full medical examination on entry, at age nine to ten years, and shortly before leaving school. In between children found to have defects at these periodical examinations were followed up by 'Re-examination' visits to the schools by the doctors and school health visitors, together with children submitted by special request from parents or teachers.

Under the new system, the nine to ten year old full medical examination has been dropped, and instead more frequent (it is hoped termly) visits by school doctors and health visitors will be paid to enable more frequent checks to be made on children known to have defects from the initial examination or suspected to have developed physical or educational defects since their

original entrant examination. To help this 'selective' process, during the school holidays all school doctors will spend a few days working at County Hall going through every medical record card for all children in the school for which they do the medical examinations, and furthermore, the first three weeks of each new term will be spent by visiting each school and having a consultation between the Head Teacher and the School Health Staff (health visitor and doctor) to pick out additional children for examination, who have not already been selected by the school doctor at his visit to County Hall.

This new system should be an improvement on the old one, though it will probably take up more time for the school doctor, especially if the aim to examine each school every term is attained. Formerly only two visits a year were arranged, one for the full periodical examination, and the other usually about six months later, for 'follow-up' examinations.

Anyhow, I have found that the time spent in the first three weeks of this summer term (June, 1971) in visiting every Head Teacher has been rewarding with its consultations and the opportunity to spend more time with Head Teachers than in the past. I have found it possible to visit up to six schools in a day for these consultation visits.

Handicapped Children

The school care, and special educational needs of handicapped children also comes under the Wiltshire School Health Service, and your Medical Officer of Health is closely concerned with this work, especially with the many mentally backward children.

School Premises

The hygiene of school premises, as of most other buildings, concerns the Local Public Health Authority as well as the Education Authority, and school premises are inspected by your Medical Officer of Health in his capacity as such, and also as School Medical Officer. A number of recommendations for improving hygienic conditions were made during the year. I understand that it is proposed to close Wylve school shortly and to transfer its pupils to Steeple Langford school. Wylve has excellent, modernised sanitary offices and hot and cold water working. The standards of Steeple Langford school fall far short of those at Wylve and are poor even for the present school roll, so I hope that the new school proposed for Steeple Langford will be ready before the Wylve children are transferred there.

Handicapped Adults

While the care (other than housing) of handicapped adults, including the blind and deaf, and of old people, comes under the County Council services, the Local Authority has certain powers in regard to old or neglected people under Section 47 of the National Assistance Act, 1948. This Local Authority has also delegated some of its power, as permitted by the National Assistance (Amendment) Act, 1951, to the Medical Officer of Health to act on his own authority in emergency to obtain a Justice's Order for the admission to hospital or a 'home' of a person for a period of up to three weeks detention.

During the year, the Medical Officer of Health saw several old people to a greater or lesser extent needing 'care and attention'. In each case however, removal to an institution was either unnecessary, was arranged for voluntarily, either by applying to the County Council Welfare Department now part of the Social Services Department, or the family doctor making arrangements for admission to hospital. It was not necessary to use the 'Section 47' emergency powers for any case in the Salisbury and Wilton R.D.C.

Health Education and Cancer Prevention

Lungs - The County Council continue their anti-smoking health education campaign.

Breast and Uterus - The County Council have a 'Cervical Cytology' examination clinic in Salisbury and another in Warminster. I hope that many women 25 - 55 years old will patronise these clinics, for they offer a way of detecting the seeds of two common kinds of cancer, and means of preventing its development.

Family Planning

Clinics run by the F.P.A. and supported by the Wiltshire County Council operate twice a week at the Central Health Clinic, Salisbury.

Meals on Wheels

This admirable service continued during the year and operated in this Rural District, by the Salisbury Division of the B.R.C.S., on behalf of the County Council Welfare Department, and the District Councils of Salisbury City, Salisbury and Wilton R.D.C., and the Wilton Borough Council, jointly. Further west the Mere and Tisbury R.D. is operated, similarly, by the W.R.V.S. In each case the County District Council contributes to the cost.

In the Salisbury and Wilton R.D.C., meals are, so far, only provided twice a week, and in only a few parishes, Laverstock, Downton, Redlynch and Whiteparish. At the time of writing this report however there are proposals to extend the Meals on Wheels service into further parishes and possibly increase the frequency of the meals. At the end of the year the following numbers of people were receiving meals on wheels,

| | |
|------------------|-------|
| Downton/Redlynch | 20 |
| Laverstock | 3 |
| Whiteparish | 11 |
| | <hr/> |
| Total | 34 |
| | <hr/> |

Pre-School Playgroups

These admirable activities are now developing rapidly. They provide companionship and play for children aged 2 - 5 years, which, especially for the only child, or one with no nearcoevals to play with, can be of much benefit, educationally in the widest sense, and for developing good mental health. At the end of the year there were pre-school playgroups (all privately run) at Alderbury, Downton, Laverstock, Netherhampton, Redlynch, South Newton, and Whiteparish and West Dean within the Rural District and three others closely without the Rural District, two at Wilton, and one at Teffont Magna, which receive children from the Rural District. There are also further playgroups operating within the City of Salisbury. The County Council have arranged for me to inspect these playgroups within the Rural District periodically, and also to inspect and report on the premises and operators for new playgroups, or nurseries, which are proposing to open. The Nurseries and Child Minders Act tightens up the control of child minding activities (for individual child minders as well as playgroups). Now any person who receives even one child to mind for payment must be approved and registered, and pass a chest x-ray.

ENVIRONMENTAL PUBLIC HEALTH AND FOOD

As stated in previous reports, this is still probably the most important of the various local factors which influence public health.

Human health is still, and probably always will be, influenced by the environment and the extent to which man and other animals can adapt this to suit their needs. Health is also largely dependent upon the quantity and quality of water, and of food supplies. Fundamental to good health are such influences as housing, a 'safe' but not too 'pure' water supply (it should contain certain mineral impurities which promote health, but no bacteria) safe and not wasteful disposal of body wastes (drainage, sewerage etc.) refuse collection and disposal, control of flies, mosquitoes and other insects, mice, rats, and other pests and vermin, quantity and quality and freedom from adulteration or infection of food supplies, including especially milk and such universal and basic foods as bread and meat. Food hygiene concerns not only the home, but also places where food or drink are prepared and/or consumed, including school and other canteens and public restaurants, hostels, hotels and public houses. Avoidance of certain adverse influences such as tobacco smoking is also important. In his Annual Report for 1969, the County Medical Officer of Health, Dr. C. D. L. Lycett, draws special attention to the important part played by basic preventative health services which have come to be taken for granted, such as the sanitary services at present provided mainly by District Councils. The progress with rural sewerage schemes is particularly singled out for commendation. These matters are reported upon in detail in the Report of the Chief Public Health Inspector, Mr. J.A. Furley which is incorporated in this Annual Report.

Comment on the following matters, are, however made in this section of the Report.

1. HOUSING

In each of my Annual Reports since 1954, I have stressed the great importance of housing, as a factor influencing public health, mental as well as physical. More than ever now, after over sixteen years work in this part of England, I am convinced that, given adequate food and a healthy water to drink, there is no other factor, either on the sanitary (environmental) side or among the numerous 'personal medical services' that can equal 'housing' as a means of either promoting or undermining health. Many of my colleague Medical Officers of Health in other parts of Great Britain feel similarly, and some express this in their Annual Reports, and their dismay at the general failure to overcome the problem. The Housing Statistics for the year, as required by the Wiltshire County Medical Officer of Health are included in the appended Report of the Chief Public Health Inspector.

I had hoped that, over the years, with the not inconsiderable programme of new building, carried out by the Council and privately, and the saving and modernisation of older homes by means of improvement grants, the housing problem would have been substantially reduced by now. But unfortunately the need keeps pace with the provision, and having started far ahead, the backlog of people needing houses remains more or less static over the years, but reduced a little for 1970.

At the end of the year, there were 204 applications accepted by the Rural District Council for housing or rehousing outstanding. There is, in this Council's area, a qualifying period of two years before an applicant can be accepted on the housing waiting list, which otherwise would be much bigger than 204. I am glad to say however that in a few exceptional and very urgent cases, the two years rule has been waived usually when one of the husband and

wife applicants have previously been long-term residents of the Salisbury and Wilton R.D.C., but had moved out, perhaps to obtain the nearest available temporary housing, sometimes a caravan in order to get married.

The influence on mental health of lack of a suitable home is probably more commonly serious than are the more simply obvious effects on physical health, but it is less easy to describe this mental effect to laymen, in its ramifications throughout the family concerned, in order to justify the number of socio-medical points, which I can allocate for priority rehousing.

During the year the Council provided 21 new dwellings, 7 bungalows, 4 other houses, and 10 flats, and at the end of the year, the distribution of the Council's housing property (inclusive of the Grouped Dwellings for old people) was:-

Bungalows (including Grouped Dwellings) - 331
Other Houses - 828
Flats or Apartments - 66
Total Dwellings - 1225.

Refrigerators

Modern eating and purchasing habits are conditioned to the ability to store food really cold. This is especially true in the country, where house-wives may buy a whole week's provisions during one day's visit to the nearest shopping centre. One of the Councils which I serve as Medical Officer of Health operates a scheme under which the Council house tenants may hire refrigerators from the Council, but some prefer to buy their own refrigerators

Grouped Dwellings for Old or Otherwise Handicapped People

With some co-operation from the Wiltshire County Council, who contribute £50 per annum per unit dwelling, the R.D.C., have plans to extend the admirable scheme for providing 'grouped dwellings' into the several other parishes. At the end of the year, however, the only two operating were at Downton (Castle Meadow) and Laverstock (St. Andrews). I think the provision and sympathetic operation of these grouped dwellings are one of the happiest innovations in housing policy. Apart from the sense of amenity given by the common room and the visitors' accommodation, all the usual supportive services, providable by the County Council, such as Health Visitors, Home Helps, and Chiropody are available in the grouped dwellings just as if the residents were still in their former separate (or shared with relatives) homes, whilst the Warden exercises kindly and unobtrusive supervision and help.

Construction on a third 'grouped dwelling' at Fovant, began at the end of the year, and by the time this report was written, had been opened two months, under the name of 'Clay's Orchard. It represents a great advance in this type of accommodation for the elderly and handicapped.

Housing Improvement - (existing dwellings) Improvement Grants under Housing Acts, 1949, to 1961. These are recorded in the section prepared by the Chief Public Health Inspector.

Slum Clearance - Details are given in the report of the Chief Public Health Inspector.

Adaptation of Existing Council Homes

The Council have been helpful in adapting certain of their homes, usually bungalows, to the special needs of the physically handicapped

tenants, such as by ramps for wheel-chairs, and other special fittings.

Caravans and Gypsies

Reference should be made to the sections dealing with these in the Report of the Chief Public Health Inspector. During the year the problems of gypsies who have no proper camping ground within the district again increased. Progress had been made in the way of providing one or more sites for gypsies and their caravans with facilities for a water supply and excrement disposal, and within reasonable access to schools for the children, and at the time of writing this report the Wiltshire County Council were proposing to provide two camp sites in the south of the county. One of these will be a site at Lode Hill, between Downton and Redlynch but the site of the other had not been finally decided.

Under powers described in various Ministry of Housing and Local Government of Health Circulars, such as Ministry of Housing and Local Government No. 26/66, either County Councils or District Councils have power to provide such permanent sites. Because of the shifting situation temporarily and geographically of gypsies between adjacent County districts the County Councils are generally the more appropriate Authorities to provide this much needed service, though some Rural Districts have provided sites.

WATER SUPPLIES

During the year the South. Wilts. Water Board continued to supply Salisbury and Wilton Rural District area except a small part of it which is supplied by the Southampton Corporation's area, and a larger area supplied by the West Hants. Water Company in the south east of the Rural District. The Water Board also supply the whole of Salisbury City, Wilton Borough and the Amesbury Rural District Areas, and also a part of the Pewsey Rural District.

The Medical Officers of Health of all these areas, including myself, jointly recommended the Board to appoint a part-time Medical Adviser who will assume some of the advisory functions, and the responsibility for checking the health state, and possible danger of carrying infectious diseases of employees concerned with manual operations in the Board's various water works and piping systems. These functions in the past were workable by the individual Medical Officers of Health, within their own areas, but now the full function cannot be exercised by any one Medical Officer of Health, because of the mingling of the once separate water supplies, and the common staff.

In making our recommendation to the Board, we three Medical Officers of Health were guided not only by our own experience in the public health aspects of water supplies over many years, but also by the remarks of the Chief Medical Officer of the Ministry of Health, in his report of the 'state of the Public Health' for the year 1966, from which the following is an extract.:

"Public Water Supplies"

"In recent years, many small water undertakings, previously operated by local authorities or water companies, have been amalgamated and are now operated by larger water authorities, usually Joint Water Boards.

Section 28 of the Water Act, 1945, which amended Section III of

the Public Health Act, 1936, laid a duty on every local authority 'to take from time to time such steps as may be necessary for ascertaining the sufficiency and wholesomeness of water supplies within their districts'.

In those cases where the local authority operated its own water undertakings, it was normally the responsibility of the Medical Officer of Health to advise on the health precautions required, to be concerned about possible sources of pollution, the effectiveness of treatment methods, the results of sampling of raw and treated water and the state of health of any employees who might cause a hazard to the supply. The responsibility for the wholesomeness of the supply, employing such expert advice medical and other, as may be necessary for ensuring this, is squarely on the shoulders of the water authority, be it a Joint Water Board or Local Authority.....'

Our representations were further supported by the publication by the Ministry of Housing and Local Government Memorandum "Safeguards to be Adopted in the Operation and Management of Waterworks", but up to the time of writing this report, the Water Board had made no definite appointment of a Medical Adviser, but had come to an arrangement with the County Council Health Department for consultations.

However, in addition to samples of water still being taken by the R.D.C.'s Public Health Inspectors for frequent bacteriological and occasional chemical analysis, the Board's officials have embarked on a heavy sampling programme, with, on the whole, excellent results in so far as bacteriological condition is concerned. This applies too to the analyses of the water sampled by the R.D.C. staff, except for the occasional behaviour of samples taken from small supplies from private sources.

Fluoride Content

Though the bacteriological quality of the public supplies, as indicated above, has been good, the natural fluoride content of the waters is not to the standard required to promote the building of strong durable teeth resistant to decay in young growing children, or to maintain the strength of bones of old people. During the year in addition to routine full chemical analysis of the waters used in the main regional distribution supplies, the analyses for fluoride content, started in 1955 continued at intervals, until 1968, after which sampling of waters for fluoride content were stopped until such time as a scheme for adjusting the fluoride content to the correct level seems likely to be approved by the County Council. For good dental health, a fluoride content of one part per million water is desirable.

In previous Annual Reports and at other times, I have referred to the public health advantages of enriching with fluoride a public water supply that is deficient in this important mineral constituent. Such advantages besides affecting, as is well known, the teeth of children (which will persist into adult life) are now believed to include strengthening of the bones of old people which are peculiarly liable to weakening by porosity and fractures, and also are believed to reduce arterial degeneration in the middle aged and elderly; In November, 1967, Salisbury City Council resolved in favour of fluoridation of the City water supply and informed the Wiltshire County Council (and their other constituent member Authorities in the South.Wilts. Water Board) accordingly. In March, 1968, the Salisbury and Wilton R.D.C., had come to a similar decision and repeated it in 1969. Moreover all the other Authorities in the South Wilts. Water Board area had come into line. No action can be taken, however, in implementing the decisions on fluoridation of the constituent Local Authorities until the Wiltshire

County Council approve the principle of fluoridation, and vote the necessary funds. In view of the relative minute cost of fluoridation as compared with the enormous benefit to children with better teeth, and probably older people in regard to health of their arteries and strengthening of bones, I hope that the County Council will take action soon.

Swimming

The Rural District is fortunate in having five beautiful rivers, Avon, Wylye, Till, Nadder and Ebbles, threading it, while the Bourne also traverses one parish (Laverstock). In various pools in these rivers fair swimming and bathing facilities exist, with only a small risk of infection from pollution, but with some risk of drowning in deep holes which may be suddenly encountered especially near weirs or hatches. The importance of training little children in 'water safety' and teaching them to swim, if possible before school age is therefore great. The sewerage of the parish of Dinton approved during the year and started soon after, should remove a risk of pollution of the river near Dinton Mill, a popular site for swimming.

All children and adults should be taught the mouth to nose system of artificial respiration. These two accomplishments are most conveniently taught in the Primary and Secondary Schools, and the County Principal School Medical Officer arranged some time ago for certain School Medical Officers, including myself, to demonstrate from time to time, the technique to teachers, who in turn show the pupils.

It is, however, unfortunate that in a district with much attractive river water, there are still so few facilities for teaching children to swim. Open air swimming pools with complete circulatory filtration and chlorination of the water, are available at Wilton and Downton Secondary Modern Schools, and some of the primary schools are beginning to have small teaching pools, which have chlorination facilities. Wilton of course serves the Rural District as well as Wilton Borough. I hope that more schools will soon have their own swimming pools, even if these must be of the small 'learners' sort. The School Health Service of the County Council is encouraging the use of 'Break Point' chlorination for all pools used by school children, and the district Public Health Inspectors co-operate by making periodical checks of free chlorine in the water to supplement the almost daily simpler tests carried out by the teachers, or caretakers.

3. SEWAGE

Development in extending sewerage schemes occurred during the year. Full details are given in Mr. Furley's section of this Report, as Chief Public Health Inspector. Since 1965, those parts of the parishes adjacent to Salisbury City now drain to the City Disposal Works. The Quidhampton village sewage joins that from Wilton Borough to enter the City's sewer, and goes to the Salisbury works, but Netherhampton is still unsewered. The watery weakness of the sewage, due to inward leakage into the Wilton Sewers, which is probably too big a problem to cure without complete re-sewering, still applies, but the City works can cope with this better than the old Netherhampton works. At Dinton, the need is great and the risk of pollution of the River Nadder, by human and farm sewage, renders it undesirable that this part of the river, from Dinton to Wilton, should be used for swimming or bathing, until the scheme approved by the R.D.C., for sewerage of the parish, materialises. At the time of writing this report the schemes for sewerage of Dinton and Winterslow were well under way. The needs of Whiteparish on general sanitary grounds

were most urgent, and this scheme is now nearly completed. The extension of the Downton Scheme to cope with the big housing developments in that parish is also being proceeded with.

4. ROADSIDE FILTH

The concern about deposition of excrement near lay-bys on main roads continues. Flies can carry infection (typhoid or other bacteria, and worm eggs) from the deposits onto the blackberries. The obvious answer is more public conveniences, all signposted, on trunk roads, and good conveniences at the end of villages where spacious car parking should be available, and where piped water for handwashing and water carriage can be provided.

In 1967, discussion between the County Council, Ministry of Transport and South Wiltshire R.D.Cs., (begun in 1964) occurred, and it seemed that it was likely that within a year or two, there might have been a full scale bilateral highway convenience situated on the sides of road A.303, where it traverses the northern tip of the Rural District. 'Town and County Planning' considerations, however, held up the developments and by the end of the year, nothing had been done, though to the west on the A.303 road, in the Mere and Tisbury R.D.C., the County Council does provide two mobile and quite good public conveniences which the Mere and Tisbury R.D.C. look after, and tend daily during the summer and autumn seasons. They are situated at Willoughby Hedge, and at Zeals on the A.303.

5. REFUSE DISPOSAL

The Council continued to provide weekly collections of refuse throughout the Rural District. Full details of the Refuse Collection and Disposal service are given in the report of the Chief Public Health Inspector. Although this collection is a kerbside one, special consideration is given to the disabilities of people handicapped by age or otherwise in carrying bins. These are then fetched from the dwellings. It is a greatly appreciated kindness. However the increasing frequency of people with special needs, such as colostomy patients who use disposable apparatus, is now beginning to create problems.

MILK SUPPLY

Details of supervision and sampling of milk supplies will be found in the Chief Public Health Inspector's section of the report.

The arrangement by which the Council act as Agent for the Wiltshire County Council in administering the Milk (Special Designation) Regulations 1960 continued. Figures are shown in detail in the Chief Public Health Inspector's section. All tests for tuberculosic and brucellosis were negative.

- (a) The Phosphatase test, for checking the adequacy of the Heat treatment of Pasteurised milk. Here, some of the sampling at the pasteurising plants is done by the County Council staff but copies of reports on the samples taken by the W.C.C. are sent to me, and, as regards this district have been satisfactory, none failing to pass the phosphatase test.
- (b) The Biological test, for detecting the presence of living tuberculosis or brucella germs in the milk, and their simpler (short cut) subsidiary tests for brucella, 'Ring Test', and 'Whey Agglutination Test'. During the year samples from tuberculin tested raw milks were analysed by the five week guinea pig, and by culture tests, and it is very reassuring to report that all samples were negative for tuberculosis

and all negative for brucella. Some of the milk samples, however, showed positive 'Ring Tests'. This is not an official test, but gives a guide as to whether there has been brucella infection in the herd recently or in past months. When a positive ring test is found, a Public Health Inspector calls and advises the Producer to call in his veterinary surgeon. Immunisation of herds against brucellosis can, however, give falsely positive ring tests for a time, but a positive result in an adult cow not immunised since calfhood should be regarded with suspicion. The Ministry of Agriculture Fisheries and Food announced its Accredited Herd Scheme during 1967, which aimed at building up nuclei of brucella-free herds here and there in the country. In the opinion of others besides myself, the scheme was too small to be more than marginally successful, opportunities for re-infection from surrounding areas to the nuclei being too great. A full scale scheme of eradication, with slaughter of positive reactors would be expensive, but would be an economy in the long run, agriculturally as well as a safety measure. I am glad to hear however that such a scheme is likely to begin within the next year or so.

7. MEAT INSPECTION

100 per cent inspection of Slaughter House Meat begun in 1964 under the Meat Inspection Regulations, 1963, but was discontinued in 1967 after the last remaining registered Slaughter House (that at the former Bacon Factory at Downton) closed.

8. FOOD HYGIENE

There has been a gradual improvement in the hygiene of equipment and operation of food establishments, schools, public houses, etc., during the year.

9. BOARDING KENNELS

The following note has kindly been provided by the firm of veterinary surgeons which undertakes this work for the R.D.C.

1. Hillcrest Kennels, Coombe Bissett.
2. Evenlode Kennels, Rockbourne (This is situated in Coombe Bissett Parish in spite of the postal address).
3. Wingjay Kennels, West Dean.
4. Mrs. W. O. Baker, Kiln Road, Redlynch

All these kennels were inspected with a view to licences being re-issued by the Salisbury and Wilton R.D.C., and were found to be satisfactory.

The accommodation was good and the storage of feeding materials was hygienic and free from contamination by vermin. Adequate exercising space was provided.

All suggestions made during the inspection for improving the conditions were willingly carried out by the owners who were most anxious to co-operate with the scheme.

10. OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Work under this Act continued during the year. The time equivalent of one Public Health Inspector is used for this inspection work. Reference to the Report of the Chief Public Health Inspector Mr. Furley, will show that a great volume of work was carried out during the year by the Public Health Inspectors.

11. NOISE ABATEMENT ACT, 1960

Reference to complaints of noise and their investigation is made in the Chief Public Health Inspector's section of this report. The decision as to whether a noise comes within the range of a Statutory nuisance is often difficult, but I am sure that unwanted noise is a potent source of mental suffering to some people. Among such noises, the emissions of motor cycles and portable radio sets, are among the worst offenders. So are the roar of ventilating fans in some of the new deep litter chicken factory farms. No work for instance on a building site, seems nowadays possible without the wailing accompaniment of so called pop music to goad on the workers to the distress of neighbouring residents or passers-by, not conditioned to this addiction. Reference to the Report of the Chief Public Health Inspector will show the breakdown table of the sorts of noises for which complaints were received during the year.

12. RAT AND MOUSE INFESTATION:

The Council, in conjunction with the Amesbury R.D.C., and Wilton Borough Council, supply a 'Rodent Operator' - Mr. Oldham, who does the rounds of these three territories in succession, spending two weeks in each part before moving on to the next district. Details are given in the report of the Chief Public Health Inspector.

TABLE VII - FACTORIES

1. Inspecting for purposes or provisions as to health (including inspections by Public Health Inspectors.

| <u>Premises</u> | <u>No. on Register</u> | <u>No. of Inspections</u> | <u>No. of Written Notices</u> | <u>Occupiers Prosecuted.</u> |
|---|------------------------|---------------------------|-------------------------------|------------------------------|
| (i) Factories in which sections 1,2,3,4, & 6 are to be enforced by Local Authority | 1 | - | - | - |
| (ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority | 66 | 25 | - | - |
| (iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises) | | | | |
| TOTAL | 67 | 25 | - | - |

2. Cases in which defects were found: (If defects are discovered at the premises, on two, three or more separate occasions they are reckoned as two, three or more 'cases')

| Particulars | Number of cases in which defects were found | | | | |
|--|---|----------|-------------------|----------------------------|---|
| | Found | Remedied | To H.M. Inspector | Referred by H.M. Inspector | No. of cases in which prosecutions were instituted. |
| (1) | (2) | (3) | (4) | (5) | (6) |
| Want of Cleanliness (S1) | - | - | - | - | - |
| Overcrowding (S2)- | - | - | - | - | - |
| Unreasonable temperature (S3)- | - | - | - | - | - |
| Inadequate ventilation (S4)- | - | - | - | - | - |
| Ineffective drainage of floors (S6) - | - | - | - | - | - |
| Sanitary Conveniences (S7) | | | | | |
| (a) Insufficient 1 | | 1 | - | - | - |
| (b) Unsuitable or defective 3 | | 3 | - | - | - |
| (c) Not separate for sexes - | | - | - | - | - |
| Other offences against the act (not relating to outwork) - | | - | - | - | - |
| TOTAL | 4 | 4 | - | - | - |

PART VIII OF THE ACT (Section 110 and 111 Factories Act, 1937)

| | | | | |
|---|----|----|----|---|
| Number of outworkers in August list required by Section 110 | .. | .. | .. | 8 |
| Number of cases of default in sending lists to the Council | .. | .. | .. | 0 |
| Number of prosecutions for failure to supply lists | .. | .. | .. | 0 |
| Number of instances of work in unwholesome premises | .. | .. | .. | 0 |
| Notices served | .. | .. | .. | 0 |
| Prosecutions | .. | .. | .. | 0 |

All the outworkers were in clothing of various mundane sorts with none of the more interesting or bizzare variations in the Ministry of Labour's long list of outwork assortments. This picturesque but space consuming list has therefore been omitted for 1970.

F.J.G. LISHMAN
MEDICAL OFFICER OF HEALTH

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1970

Madam Chairman, Members of the Salisbury and Wilton Rural District Council.

I have the honour to present my Annual Report for the year 1970.

With improved standards of living it might be assumed that environmental health would become of less significance. With the coming of the Technological age new problems and potential dangers are threatening the quality of our lives. Noise, air pollution, the disposal of refuse and sewage are very much in prominence and demand constant effort to improve health standards.

I wish to record my thanks to my colleagues including all the outside staff whose contribution to the working of the department is most important, for the very efficient, conscientious and courteous way in which they have carried out their duties during the past year, and to whom much credit is due in connection with the following summary of the work which has been carried out.

J.A. FURLEY

Chief Public Health Inspector

H O U S I N G

The following statistics show the work carried out under the Housing Acts 1936, 1952, 1958 and 1959, the Housing Repairs and Rents Acts 1954, the Rent Act, 1957 and the Public Health Acts.

The powers of local authorities to deal with unsatisfactory housing conditions are well known. The work in connection with slum clearance, repair and reconditioning of houses together with the very important duties under the improvement grants occupy a substantial part of our time.

DISCRETIONARY GRANTS paid by the Council

| | | <u>No. of Properties</u> |
|--------------|-----------------|--------------------------|
| 1949 to 1969 | £256,988 | 773 |
| 1970 | £14,954 | 22 |
| | <u>£271,942</u> | <u>795</u> |

STANDARD GRANTS paid by the Council

| | | |
|--------------|----------------|------------|
| 1960 to 1969 | £32,519 | 236 |
| 1970 | £1,836 | 7 |
| | <u>£34,355</u> | <u>243</u> |

HOUSING STATISTICS FOR 1970

| | | |
|----|---|-------|
| 1. | Number of permanent dwellings in district at end of year. | 7,854 |
| 2. | Number of permanent dwellings in district owned by Local Authority | 1,225 |
| 3. | Number of temporary dwellings in district owned by Local Authority | Nil |

Inspections of dwellings during year

| | | |
|----|--|-----|
| 1. | Dwellings inspected under Public Health or Housing Acts. | 230 |
| 2. | Number of dwellings found to be unfit | 29 |
| 3. | Number of dwellings rendered fit as a result of informal action | 29 |

Action taken under Statutory Powers

| | | |
|-----|--|---|
| 1. | Public Health Acts. | |
| (a) | Number of dwellings where formal notices served .. | 8 |
| (b) | Number of dwellings made fit as a result of formal notices | 8 |
| 2. | Sections 16 and 17 of the Housing Act, 1957. | |
| (a) | Number of Demolition Orders made | 6 |
| (b) | Number of dwellings demolished | 9 |
| (c) | Number of undertakings accepted | 1 |
| (d) | Number of dwellings made fit as result of undertakings | 7 |
| 3. | Sections 16, 17, 18, 26 and 35 of the Housing Act, 1957. Section 26 of the Housing Act, 1961. | |
| (a) | Number of dwellings where Closing Orders made .. | 1 |
| (b) | Number of dwellings closed as result of Closing Orders | 2 |

Houses Erected

| | 1.4.45 to 31.12.70 | 1.1.70 to 31.12.70 | Total Number of New Dwellings Post War Period |
|--------------------|--------------------------|--------------------------|---|
| Local Authority | 1,070 | 21 | 1,091) |
| Private Enterprise | 2,314 | 103 | 2,417) |
| | | | 3,508 |

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960

| | <u>Residential</u> | <u>Holiday and Caravan Club Site</u> |
|---|--------------------|--|
| 1. Number of Site Licences operating as at 31st December, 1970 | | |
| (a) Individual | 37 | |
| (b) Multiple (more than 3) | 2 | 4 |
| 2. Total Number of Caravans | 109 | 47 |
| 3. Number of contraventions of Licence, conditions found and remedied. | | Nil |

Gypsies

It is hoped that the site at Downton that is being provided for Gypsies will soon become available. The problem of finding a site for these non-conforming and widely rejected people is most difficult and unpopular. Moving families off unauthorised sites and leaving them to find another place is no solution. The need is urgent and it is hoped that the provision of proper sites will eventually lead to the acceptance of the gypsy family into our modern society.

WATER SUPPLY

The Area is now incorporated within the statutory area of the South Wilts Water Board, with the exception of the parishes of Landford, Downton, Redlynch and West Dean. The three former parishes are in the statutory area of the West Hants Water Company, and the latter is now supplied by the Southampton Corporation undertaking.

WATER SAMPLES

ANALYSIS OF WATER SAMPLES

1. Bacteriological (Public Supplies)

(a) TREATED WATER SUPPLIES

| | |
|-------------------------------|----|
| Number Satisfactory | 37 |
| Number Unsatisfactory | 1 |

— 38

(b) PRIVATE PIPED SUPPLIES TO MORE THAN ONE DWELLING

| | |
|-------------------------------|----|
| Number Satisfactory | 32 |
| Number Unsatisfactory | 13 |
| Suspicious | 1 |

— 46

— 84

(c) SUPPLIES FROM WELLS

| | | | | | | |
|-----------------------|----|----|----|----|----|---|
| Number Satisfactory | .. | .. | .. | .. | .. | 1 |
| Number Unsatisfactory | .. | .. | .. | .. | .. | 0 |

SEWERAGE AND SEWAGE DISPOSAL

The following villages are now provided with public sewers.

| | | | | |
|---|---|----|----|-------|
| <u>QUIDHAMPTON</u> | Sewers discharge into Salisbury City's trunk sewer south of the village | .. | .. | 145 |
| <u>LAVERSTOCK</u> | The whole of the built up area of Laverstock is now provided with a public sewer discharging by Agreement into the Sewers of Salisbury City at Milford. | | | |
| | Number of properties connected | .. | .. | 812 |
| <u>BERWICK ST. JAMES</u> | Number of properties connected | .. | .. | 61 |
| <u>DOWNTON and parts of REDLYNCH</u> | Sewers now laid to serve Woodfalls and Morgans Vale Areas by gravity to Downton Works. | | | |
| | Number of properties connected | .. | .. | 1,232 |
| <u>FOVANT</u> | Number of properties connected | .. | .. | 213 |
| <u>BARFORD ST. MARTIN</u> | Number of properties connected | .. | .. | 134 |
| <u>NETHERHAMPTON</u> | Area adjoining Salisbury City drains into City Sewers. | | | |
| | Number of Properties connected | .. | .. | 47 |
| <u>SOUTH NEWTON AND GREAT WISHFORD</u> | Number of properties connected | .. | .. | 315 |
| <u>ALDERBURY</u> | Number of properties connected | .. | .. | 330 |
| <u>WEST GRIMSTEAD</u> (Greenfields Estate) | Number of properties connected | .. | .. | 40 |
| <u>REDLYNCH</u> (Redlynch Lover and Hamptworth section) | Number of properties connected | .. | .. | 166 |
| <u>WHITEPARISH</u> | Completed November 23rd, 1970 | | | |
| | Number of properties connected | .. | .. | 66 |

At the time of writing this report sewers are being laid in Dinton for completion early in 1971 and in Winterslow, Pitton and Farley and Grimstead for completion in 1972.

EFFLUENT SAMPLES

Sampling of final effluent from sewage disposal works before discharge into rivers and streams is now a regular procedure.

The following is a brief summary of the reports upon these samples. The results as shown are given in compliance or otherwise with the Royal Commission Standards, in many instances an unsatisfactory effluent is only a few parts per million in excess of these standards in one part only, and must therefore be classed as unsatisfactory.

| | <u>No. of Samples</u> | <u>Result</u> | |
|---|-----------------------|---------------------|-----------------------|
| | | <u>Satisfactory</u> | <u>Unsatisfactory</u> |
| <u>DOWNTON</u> | 8 | 7 | 1 |
| <u>REDLYNCH</u> | 4 | 4 | 0 |
| <u>BARFORD ST. MARTIN</u> | 3 | 3 | 0 |
| <u>FOVANT</u> | 1 | 1 | 0 |
| <u>SOUTH NEWTON AND GREAT WISHEFORD</u> | 6 | 3 | 3 |
| <u>BERWICK ST. JAMES</u> | 2 | 1 | 1 |
| <u>WEST GRIMSTEAD</u> | 3 | 1 | 2 |
| <u>Small Disposal Works serving Housing Estates throughout the District</u> | 9 | 5 | 4 |

NOISE

To avoid a serious and increasing environmental health problem every effort must be made to reduce noise from whatever source and to reduce the progressive increase in background noise levels.

I set out below a summary of the work undertaken under the Noise Abatement Act.

1. (a) Number of complaints received 11

(b) Number of complaints investigated 11

| 2. | <u>Industrial</u> | <u>Commercial</u> | <u>Domestic</u> | <u>Total</u> |
|--|-------------------|-------------------|-----------------|--------------|
| (a) Number of nuisances confirmed | 7 | 0 | 0 | 7 |
| (b) Number of nuisances remedied informally | 5 | 0 | 0 | 5 |
| (c) Number of notices served under Section 1 | 0 | 0 | 0 | 0 |

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

General inspection and registrations have been carried out during the year and I set out below an analysis of inspections and contraventions found during the year.

A. REGISTRATIONS AND GENERAL INSPECTIONS

| Class of Premises | Number of Premises registered during the year. | Number of Registered premises at end of year. | Number of Registered premises receiving a general inspection during the year. |
|--|--|---|---|
| Offices | - | 11 | - |
| Retail Shops | 2 | 40 | - |
| Wholesale Shops, Warehouses | - | 2 | - |
| Catering establishments open to the public, canteens | - | 16 | 1 |
| Fuel storage depots | - | - | - |
| | 2 | 69 | 1 |

Total number of all kinds of visits to registered premises 41

B. ANALYSIS OF CONTRAVENTIONS

Contraventions in respect of: No. found

| | | |
|------------------------------|---------|----------|
| Sec. 9 Sanitary Conveniences | | 1 |
| Sec.10 Washing facilities | | 1 |
| | Total | <u>2</u> |

REFUSE COLLECTION AND DISPOSAL

The Council carry out a weekly kerbside collection in all parishes and also collect and dispose of the refuse from litter bins provided on the main roads in conjunction with the County Council as highway authority.

Vehicles

The following vehicles are provided solely for the refuse collection service.

| <u>Registration No.</u> | <u>Make and Size</u> | <u>Year of Purchase</u> |
|-------------------------|---|-------------------------|
| UMR 586J | Shelvoke and Drewry, 20 cubic yards. Pakamatic. | 1971 |
| SAM 457H | Pakamatic 35 cubic yards. | 1970 |
| NHR 148G | Pakamatic 35 cubic yards. | 1968 |
| EAM 731C | Pakamatic 35 cubic yards. | 1965 |
| 727 CMW | Fore and Aft Tipper 15 cubic yards. | 1963 |
| SHR 517H | Hough Payloader Power Shovel. | 1970 |

Staff

Ten men are employed on the collection service and one man to operate the Hough Payloader on the tips.

Disposal

The following tips were in operation during 1970 for the disposal of refuse collected.

- (1) Lower Cowesfield, Whiteparish - Tipping here ceased in the spring of 1970, the tip is being filled and the land reinstated.
- (2) Camp Hill, Devizes Road, South Newton - This tip has now been in continuous operation for five years and at the present rate of tipping will soon be filled.
- (3) Sandpit A.36 Whiteparish - This land was purchased during the year under review and this tip was brought into use.
- (4) Railway cutting Downton - Negotiations are proceeding with a view to using this site for tipping.

Bonus Incentive Scheme

The Council continue to operate a bonus incentive scheme for the refuse employees. The actual amount paid is half the value of the salvaged materials collected, divided equally amongst the employees.

Total amount of refuse disposed of: (approximately)

39,728 cubic metres.

Salvage - Analysis of Income and Tonnage

| (a) | Salvage | Income | Weight |
|-----|---------------------|-----------|---------------|
| | Scrap Metal | £685.78 | 17.27 Tonnes |
| | Waste Paper | £1,312.86 | 204.15 Tonnes |
| | Other Salvage | £294.26 | 11.94 Tonnes |
| (b) | Trade Refuse | £681.85 | |

RODENT CONTROL

Type of Property

| <u>PROPERTIES OTHER THAN SEWERS</u> | | <u>Non-Agricultural</u> | <u>Agricultural</u> |
|-------------------------------------|---|-------------------------|---------------------|
| 1. | Number of properties in district | 6,670 | 1,188 |
| 2. | a. Total number of properties (including nearby premises) inspected following notification | 218 | 4 |
| | b. Number infested by | | |
| | (i) Rats | 203 | 4 |
| | (ii) Mice | 15 | - |
| 3. | a. Total number of properties inspected for rats and/or mice for reasons other than notification | 1,210 | 52 |
| | b. Number infested by | | |
| | (i) Rats | 30 | 6 |
| | (ii) Mice | 2 | - |
| 4. | There were no sewers infested by rats during the year. | | |

The Rodent Operator is employed in conjunction with our neighbours Amesbury R.D.C. and Wilton Borough, under a Joint Committee and he spends two weeks with this Council and then is away the following two weeks with Amesbury R.D.C. and one with Wilton Borough. This arrangement works extremely well and is of considerable advantage to all concerned.

MILK SUPPLY

Routine sampling of milk has been regularly carried out during the past year. By order, all samples of untreated milk failing the statutory test have to be referred to the Ministry of Agriculture, Fisheries and Food.

| | |
|---|---------------|
| Premises registered as dairies other than those registered by the Ministry of Agriculture, Fisheries and Food | 8 |
| No. of Producer/Retailers and Distributors Licensed in the district selling untreated-milk | 2 |
| No. of Distributors licensed in district obtaining milk from pasteurising plants within Wiltshire. | 8 1 U.H.T. |
| No. of Distributors licensed in district obtaining milk from pasteurising plants without Wiltshire. | 6 3 U.H.T. |
| No. of inspections made. | 32 |

METHYLENE BLUE TEST

Untreated Milk

| | | | | | |
|---------------------------|----|----|----|----|----|
| (a) No. of samples passed | .. | .. | .. | .. | 17 |
| (b) No. of samples failed | .. | .. | .. | .. | 3 |
| (c) No. of samples void | .. | .. | .. | .. | 8 |

BIOLOGICAL TEST FOR TUBERCLE BACILLUS

| | | | | | |
|-----------------------------|----|----|----|----|----|
| (a) No. of samples negative | .. | .. | .. | .. | 11 |
| (b) No. of samples positive | .. | .. | .. | .. | - |

BIOLOGICAL TEST FOR BRUCELLA ABORTUS

| | | | | | |
|-----------------------------|----|----|----|----|----|
| (a) No. of samples negative | .. | .. | .. | .. | 11 |
| (b) No. of samples positive | .. | .. | .. | .. | - |

HEAT TREATED MILK

| | | | | | | | | |
|------------|----|----|----|----|----|----|----|-----|
| (a) Passed | .. | .. | .. | .. | .. | .. | .. | 114 |
| (b) Failed | .. | .. | .. | .. | .. | .. | .. | 3 |
| (c) Void | .. | .. | .. | .. | .. | .. | .. | 11 |

FOOD CONTROL

The task of safeguarding the purity and wholesomeness of the public's food is unending and is one of the most important aspects of a public health inspector's duties. It involves the inspection of food at all stages from the point of production until it reaches the consumer.

Food Hygiene (Regulations) 1965

Regular inspections were made to a number of premises to ensure compliance with the above regulations, and I am pleased to report that in most instances we are able to secure compliance with these regulations without any further reference to the Council.

Food and Drugs Act, 1955

During the year under review there were no prosecutions under Section 2 of the Food and Drugs Act in respect of unsound food., but a total of 4 tons 6cwt 4lbs of food was condemned.

CLEAN AIR

I set out the following work under the Clean Air Acts for the year under review.

A. INDUSTRIAL

1. Dark Smoke
Clean Air Acts, 1956, 1968 Section 1

| | <u>Clean Air Act</u> <u>1956</u> | <u>Clean Air Act</u> <u>1968</u> |
|---------------------------------------|-------------------------------------|-------------------------------------|
| (a) Number of contraventions recorded | - | 2 |
| (b) Successful prosecutions | - | - |
| (c) Unsuccessful prosecutions | - | - |

2. Furnaces
Clean Air Act, 1956. Section 3

| | |
|---|---|
| (a) Notifications received | 2 |
| (b) Applications for prior approval | 2 |
| (c) Number of cases in which alterations were required. | 2 |
| (d) Number of applications granted | 2 |

3. Grit or Dust
Arrestment Plant - Clean Air Acts, 1956. Section 6. 1968 Section 3

| | <u>Clean Air Act</u> <u>1956</u> | <u>Clean Air Act</u> <u>1968</u> |
|---|-------------------------------------|-------------------------------------|
| (a) Number of plans submitted | - | 4 |
| (b) Number of cases in which alterations were required. | - | 1 |
| (c) Number approved. | - | 1 |
| (d) Number refused. | - | - |

4. Chirney Heights
Clean Air Act, 1968. Section 6

| | |
|---|---|
| (a) Number of applications | 3 |
| (b) Number of cases in which alterations were required. | 3 |
| (c) Number approved. | 3 |
| (d) Number refused. | - |

J.A. FURLEY

Chief Public Health Inspector

